



THE JOHN MORTON-FINNEY CENTER FOR EDUCATIONAL SERVICES

VOLUNTEER REQUEST FOR CRIMINAL HISTORY INFORMATION

Marion County Residents: Please sign the authorization below and present this form, along with your personal identification, to the following address:

**Citizen's Service Desk
Indianapolis Police Department
City-County Building, Room E-100
50 North Alabama Street
Indianapolis, IN 46204**

You will need to wait while IPD personnel make certain that your prints are clear and legible before you leave. You will NOT be able to obtain your own records. Indianapolis Public Schools Police Department personnel will pick up your records and deliver them to the appropriate location.

Non-Marion County Residents: Please take this form along with photo identification to your local sheriff's office. You will be issued the results of your criminal history upon completion of the search. It is your responsibility to ensure delivery of the ORIGINAL report along with the completed Volunteer Application located on the reverse side of this paper to:

**JFMCES, Room 118
120 East Walnut Street
Indianapolis, Indiana 46204**

ATTN: Sheriff's Department, please stamp/sign and date the following release indicating NO RECORD FOUND or RECORD FOUND.

****If RECORD FOUND, please attach appropriate documentation.**

RELEASE AUTHORIZATION:

I have applied to provide volunteer services for the **Indianapolis Public Schools**. I hereby request that the **Indianapolis Public Schools** be officially informed of any records on file pertaining to me. I hereby authorize the release of any information

_____ COUNTY may have on file pertaining to me. I further hereby release the
Name of County

_____ (or it's duly-
*Name of institution / organization

appointed representative) from any and all liability for any injury or damages that may result from their furnishing information to **Indianapolis Public Schools** concerning me.

SIGNATURE: _____ **DATE:** _____

PRINT YOUR FULL NAME: _____

SOCIAL SECURITY NUMBER: _____ **DATE OF BIRTH** ____ / ____ / ____

Please list the school(s) you would like to volunteer at (required): 414

NAME: (Please print) _____
Last First MI

ADDRESS: _____ CITY _____ STATE _____ ZIP _____

TELEPHONE: _____ Home _____ Other _____ Date of Birth _____

Please place a check in the box next to your affiliation: Parent / Guardian of an IPS child College Student Corporate/Organization Volunteer*
 Retired IPS Employee Community Volunteer Other (Specify _____)

*EMPLOYER /ORGANIZATION REPRESENTED: Butler University
(REQUIRED if corporate/Organization volunteer is selected above)

ADDRESS: 4600 Sunset Ave. Indianapolis IN 46208
Street and Number City State Zip Code

TELEPHONE: 317-940-9804 FAX: _____ E-MAIL _____

Please circle your volunteer preference(s): Media Center Academic Tutor Classroom PTA / PTO Reading Aide
Room Parent Outdoor Education Office Aide General School Other Creative Writing

List special skills and / or interests relating to your volunteer preference and working with students _____
Indicate previous volunteer experience IPS and Non-IPS _____

VOLUNTEER CONSENT AND RELEASE STATEMENT: PLEASE READ CAREFULLY BEFORE SIGNING

I certify that the information contained in this application as submitted is true, complete, and accurate to the best of my knowledge. I understand that falsification of information submitted as part of my application to provide volunteer services will be cause for disqualification. **I also understand that I am required to submit to a criminal history background check as a condition for consideration for volunteer services.** If accepted as a Volunteer, I hereby consent, understand, and agree to abide by the policies, rules and regulations of the Board of School Commissioners of the City of Indianapolis, and to comply with and abide by such other rules, regulations, and directions of the Principal, Administrator, or other responsible IPS employee. I understand that the Indianapolis Public Schools is not responsible for any injury to my property or my person while I am acting as a Volunteer. Furthermore, I hereby waive, release, covenant not to sue, and otherwise hold IPS, its officers and employees harmless from and against any and all claims or liabilities of any nature whatsoever that might arise as a result of my work as a Volunteer for the Indianapolis Public Schools.

Applicant Signature _____ Date _____
*I have read, understand and agree with both statements above

NOTIFY IN CASE OF EMERGENCY:		
Name	Address	Phone
Physician	Hospital	Phone

For Principal's Use Only: complete the following information if no criminal history is required
Principal's Signature _____ Date _____ School #/Location _____
**Signature signifies assumption of all liability*

SEE REVERSE SIDE OF FORM FOR DIRECTIONS ON OBTAINING AND SUBMITTING A CRIMINAL HISTORY